2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver or trustee empowered if changed, or on an attachment with an address, with a

SIGNATURE:

FILED Mar 05, 2007 08:00 A Secretary of State DOCUMENT # P97000077624 1. Entity Name DR. FIDEL R. FERRADAS, M.D., P.A. Principal Place of Business Mailing Address 330 SW 27 AVE STE 604 330 SW 27 AVE STE 604 **MIAMI FL 33135 MIAMI FL 33135** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0778887 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRADAS, FIDEL R 330 SW 27 AVE STE 604 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Electron Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THE FERRADAS, FIDEL R NAME NAM 000000656535 330 SW 27 AVE STE 604 STRUTT ADDRESS STREET ADDRESS 03/14/07-80029-011 150.00 **MIAMI FL 33135** CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STAFF LADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P IIILE - _ Delcte -☐ Addition NAME NAMI. STREET ADDRESS STALET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete mu ☐ Addition Change NAME NAME STREET LADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delcle ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete fifti ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP 12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

2-28-07

*(305)642033*2